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CONFIRMATION NO. 2244

|   |   |                                       |   |   |                                    |
|---|---|---------------------------------------|---|---|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/708,245  | <b>FILING OR 371(c)<br/>DATE</b><br>02/19/2004<br><b>RULE</b>   | <b>CLASS</b><br>345                   | <b>GROUP ART UNIT</b><br>2629   | <b>ATTORNEY DOCKET<br/>NO.</b><br>DECP0008USA |                                    |
| <b>APPLICANTS</b><br>Shih-Hung Chao, Taipei Hsien, TAIWAN;<br>Zhan-Ling Liu, Ho-Nan Province, CHINA;  |   |                                       |   |   |                                    |
| <b>** CONTINUING DATA *****</b><br><i>None - 00</i>   |   |                                       |   |   |                                    |
| <b>** FOREIGN APPLICATIONS *****</b><br>TAIWAN 092104324 02/27/2003 <i>- 00</i>   |   |                                       |   |   |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/13/2004   |   |                                       |   |   |                                    |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i> <u>                    </u> Initials |   | <b>STATE OR<br/>COUNTRY</b><br>TAIWAN | <b>SHEETS<br/>DRAWING</b><br>5  | <b>TOTAL<br/>CLAIMS</b><br>26                 | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>27765   |   |                                       |   |   |                                    |
| <b>TITLE</b><br>POINTING DEVICE WITH FLEXIBLE SHAPE   |   |                                       |   |   |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>878   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                    |